**FEC** 

## **STATEMENT OF**

| FORM 1                          | ORGANIZ                                     | ATION   |                |                                 |
|---------------------------------|---|---|----------------|---------------------------------|
|                                 | (See instructi                              | ons)  |                | Office use only                 |
| NAME OF COMMITTEE (in f         | (Check if name is changed)                  | Example: If typying, type over the lines                                      | 12FE4M5        |                                 |
| National Associ                 | ciation of Broadcasters Politica            | I Action Committee (NABI  | P <b>A</b> -   |                                 |
|                                 |   |   |                |                                 |
| ADDRESS (number and s           | street) 1771 N Street NW                    |   |                |                                 |
| (Check if address is changed)   |   |   |                | <u> </u>                        |
|                                 | Washington                                  |   | DC             | 20036   -                       |
|                                 |   | CITY▲   | STATE          | ZIP CODE 📥                      |
| COMMITTEE'S E-MAI               | L ADDRESS (Please provide only one e        | e-mail address)   |                |                                 |
| X (Check if address is changed) | pac@nab.org                                 |   |                |                                 |
|                                 |   |   |                |                                 |
| COMMITTEE'S WEB I               | PAGE ADDRESS (URL)                          |   |                |                                 |
| (Check if address is changed)   |   |   | 11111          |                                 |
|                                 |   |   |                |                                 |
|                                 |   |   |                |                                 |
| 2. DATE 0.6                     | 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y    |   |                |                                 |
| 3. FEC IDENTIFICA               | TION NUMBER                                 | C C00009985   |                |                                 |
| 4 ICTUIC CTATEM                 | IENT NEW (N)                                | X AMENDED (A)   |                |                                 |
| 4. IS THIS STATEM               | ENT NEW (N) OR                              | X AMENDED (A)   |                |                                 |
| L certify that I have examin    | ned this Statement and to the best of my kn | owledge and belief it is true, correct  | and complete   |                                 |
| recovery that make onaim        | ·   | -   | and complete   |                                 |
| Type or Print Name of           | Treasurer Mr. Gordon H. S                   | Smith   |                |                                 |
| Signature of Treasurer          | Electronically Filed by Mr. Gord            | on H. Smith   | Date 0 6       | 07 / 2010                       |
| NOTE: Submission of fal         | se, erroneous, or incomplete information ma |   | ·              | s of 2 U.S.C. §437g.            |
|                                 | ANY CHANGE IN INFORMA                       | ATION SHOULD BE REPORTE   | WITHIN 10 DAYS |                                 |
| Office<br>Use<br>Only           |   | For further information Federal Election Communication Toll Free 800-424-9530 | nission        | FEC FORM 1<br>(Revised 02/2009) |